102595-02-M-0835

SENDER: COMPL JAMOS : SENDERS:	TO THE RIGHT OF P
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X May M. Que Agent Addressee B. Received M (Printed Name) C. Date of Delivery August C. Date of Delivery C. Date of Delivery
Michael Hanft, Esg. 19 Brookwood St. Suitc 106	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Carlisle, PA 17013	3. Service Type Certified Mail
2. Article Number (Transfer from service label) 7000 0520 0023 0166 4361 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Printyour name and address on the reverse so that we can return the card to you. Attack this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Attack Addr	A. Signature A. Signature A. Signature C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Torrance, CA 90501	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7000 0500 0003 0166 4378 PS Form 3811, August 2001 Domestic Return Receipt	

FILED HARRISBURG, PA

JUN 1 2 2002

MARY E. D'ANDHEA, CLER Per Deputy Clerk

> (v-00-2241 Onda 5/29/02